SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 15 OF 39 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| | I Statements may not be sold or used by any perthe name and address of any political committee | |
| NAME OF COMMITTEE (In Full) American Society of Anesthes | siologists Political Action Committe | ee |
| Full Name (Last, First, Middle Initial) Anne T. Hartney-Baucom M.D. Mailing Address 5671 Peachtree Dunwoody City Atlanta FEC ID number of contributing federal political committee. Name of Employer Physician Specialists in Anesthesia, P Receipt For: Primary General Other (specify) | Rd Ste 610 State Zip Code GA 30342 C Occupation physician anesthesiologist Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 01 06 2015 Transaction ID: C2905971 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Jonathan E. Helvie M.D. Mailing Address 4261 N Road 500 W City Bargersville FEC ID number of contributing federal political committee. Name of Employer Ortholndy Receipt For: Primary General Other (specify) | State Zip Code IN 46106-9251 C Occupation Physician Anesthesiologist Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 01 15 2015 Transaction ID : C2913432 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Albert F Ho M.D. Mailing Address 2033 Brandon Cir City Charlotte FEC ID number of contributing federal political committee. Name of Employer Northeast Anesthesia Receipt For: Primary General Other (specify) | State Zip Code NC 28211-1650 C Occupation Physician Aggregate Year-to-Date ▼ 500.00 | Date of Receipt O1 29 2015 Transaction ID : C2921955 Amount of Each Receipt this Period 500.00 |
| SUBTOTAL of Receipts This Page (optional). | | 1250.00 |
| TOTAL This Period (last page this line number | er only) | |